

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/936052**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		3		/		
6		3		/		
7		2		/		
8	/	/	/			
9		/		/		
10		2		/		
11		2		/		
12		2		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20		0		/		
21	/	/	/			
22		/		/		
23		/		/		
24		3		/		
25		3		/		
26		0		/		
27		0		/		
28	/	/	/			
29		/		/		
30		2		/		
31		2		/		
32		2		/		
33		2		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		0		/		
41		/		/		
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45						
46						
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48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	36	↓	40	↓		↓
TOTAL CLAIMS	60		44			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS